Rodney House (Weston) Limited

Rodney House Residential Home

Inspection report

34-36 Trewartha Park
Weston Super Mare
Somerset
BS23 2RT

Tel: 01934417478
Website: www.rodneyhouseweston.co.uk

Date of inspection visit:
04 June 2019
06 June 2019
13 June 2019

Date of publication:
16 August 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Rodney House is a care home. Rodney House accommodates up to 28 older people in one adapted building across three floors. The service specialises in the care of people who are living with dementia. At the time of our inspection there were 24 people living at Rodney House. The communal areas of the service were all on the ground floor comprising of three lounge areas, a dining room and outdoor space. Bedrooms, bathrooms and toilets were located on the ground, first, and basement floors with stair lifts and a lift to access these.

People's experience of using this service and what we found: People were supported for by a staff team who were kind and caring. Staff had good relationships with people and knew them well.

The provider and senior staff had completed audits on the home to support quality checks. However, these checks had not prevented shortfalls in the quality of service provision.

There were enough staff to meet peoples' basic needs. Staff training was provided but did not always ensure people's specific needs were covered. Staff recruitment procedures were not always followed appropriately, and staff had not received regular supervision.

Infection control and cleaning audits had not identified areas seen to require improvement. Some environmental safety requirements had not been adhered to in relation to fire risk and storage of dangerous items.

People did not have regular access to the local community and person-centred activities were limited.

Care plans were person centred and there was guidance within peoples' risk assessments for staff to follow. People had access to healthcare professionals and medicines were stored safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was Requires Improvement (published 2 July 2018) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made to the area requiring improvement however the service remains rated Requires Improvement; the provider is in breach of other regulations.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We have identified four breaches in relation to infection control, safety, recruitment staff supervision and quality assurance of the service this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not responsive safe.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Rodney House Residential Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's experience was related to the care of older people.

Service and service type: Rodney House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did before the inspection: We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information we had received about the service since the last inspection in May 2018. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection: We spoke we spoke with four people supported by the service, two relatives, seven

members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed six people's care and support records and four staff recruitment files. We reviewed people's Medicine Administration Records (MAR). We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, communication systems, policies, and audits. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection; safety monitoring and management

●People were not fully protected from the risk of infection. During the inspection we observed rubbish and used gloves left on the basement floor and rubbish pushed down the side of a chest of drawers. The walls of the stairs going down to the basement floor were dusty and had drip marks down the walls where spillages had not been wiped. Windows were dirty obscuring the views of outside. We observed a person living with dementia open a clinical waste bin in a bathroom and attempt to look at the contents. Urine samples and a stool sample were stored in the same fridge as medicines. All the above issues presented a risk of cross contamination and the spread of infection.

● People were not always protected from environmental risks. Boxes of gloves used for personal care were left in a corridor openly accessible to people. This posed a risk of choking to people living with dementia. The most recent fire risk assessment of the service had identified some areas to be addressed; this had not taken place for all issues identified. We observed an open and unlocked unused bathroom on the top floor; there were supplies of various kinds stored inside which could be a danger to people living with dementia. The door had a very clear sign on the outside saying, 'This door must be shut and locked at all times". We observed that this door was left open for significant periods of time during the inspection.

We found no evidence that people had been harmed however, procedures were not followed to ensure people were protected from the risk of infection and that the premises were safe . This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us they used protective equipment such as gloves and aprons when assisting people with personal care or when carrying soiled laundry.

Recruitment

● The service had not operated a safe and effective recruitment system. In two of the three recruitment files we looked at appropriate checks had not been made during the recruitment process. In one file there was no explanation of gaps in employment and appropriate references had not been obtained. In the second file information received via the enhanced Disclosure and Barring Service DBS check had not been risk assessed appropriately. The DBS check helped ensure people barred from working with certain groups such as vulnerable adults would be identified.

We found no evidence that people had been harmed however, of the provider could not be sure the staff they had recruited were safe and suitable. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing
● There were enough staff to provide people with a basic level of personal care and support. We observed however that at times staff were task orientated and lost focus on person-centred care. For example, whilst tidying up at breakfast time a member of staff removed a plate of food from a person living with dementia who was toying with the food. The staff member told the person 'They needed to tidy up'. The person showed discomfort at having their food removed however, the staff did not take notice until this was pointed out by the inspector.
● We observed staff not taking the time to preserve people's dignity. quickly. We saw a person's fingernails being cut in a lounge amongst other people.

We recommend the provider reviews how people's dignity and respect is preserved during personal care and other staff support.

● People told us that staff always attended to their needs but were always 'busy'.
● Staff said "Sometimes feels short staffed. It depends what staff are on, some days it's plain sailing."

Using medicines safely
● Medicines management was based on current best practice; medicine administration records (MAR) were completed appropriately to show when staff had given people their medicines. There
● PRN protocols were in place. PRN medicines are often described as 'when required' medicines. A PRN protocol provides guidance as to how and when the medicine should be used and the correct dosage. This information ensures that the medicine is administered as intended by the prescribing doctor.
● Staff had received training in medicine management and audits were undertaken by senior staff to ensure that medicines were administered and stored safely.

Systems and processes to safeguard people from the risk of abuse
● The provider had effective safeguarding systems in place. Staff knew how to identify different types of abuse that could occur and were aware of how to report it and keep people safe. For example, one staff member said, "I would report to the manager and if the manager didn't do anything would report to local authority and CQC."
● Safeguarding incidents had been reported to the local authority and CQC appropriately.

Assessing risk.
● Risk assessments were in place to reduce risks to people and guidance was regularly reviewed and updated.
● Emergency plans were in place to ensure people were supported in the event of a fire.
● Equipment was safe and well maintained.

Learning lessons when things go wrong
● Learning from incidents and investigations took place and this information was used to update people's care and risk assessments where needed.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records demonstrated that staff had not received regular supervision. Regular supervision enables staff to maintain their skills, knowledge and on-going development. The registered manager stated that supervision should be undertaken every six to eight weeks. We looked at the files of eight staff; two staff members had received a supervision in 2019 the other six staff had not received a supervision after July 2018.
- The training matrix identified that the score for achieving supervision was at 21% and in the red.
- The provider had failed to provide staff with opportunities to discuss and receive feedback about their individual performance and development.

We found no evidence that people had been harmed however, the provider was unable to demonstrate that staff were provided with opportunities for effective supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff received an induction when they began working at the service. Staff were provided with training to ensure they could provide people with the care they required. Additional training had not been provided to all care staff to meet people's specific needs for example in relation to one person's particular mental health condition. Staff also told us they were not always supported to obtain further qualifications that may aid career progression.
- One staff member said "It's an ongoing training. Feels like we're up to date with knowledge. We've had in house training for dementia and mental health. That was last year. it was really good."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs had been undertaken before the person arrived at the service. Resulting care plans were detailed, expected outcomes were identified and care and support was reviewed. Information on supporting people living with specific health conditions was available. This meant staff had the guidance to ensure they provided appropriate and person-centred care according to individual needs.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their religion, diet and gender preferences for staff support

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food. One person said "All the food is absolutely delicious. If there's

something you particularly dislike you can have something else." A relative commented, "The food looks really nice, smells very nice. [Person's name] has regular drinks and cold drinks."
● We observed the lunchtime meal on the first day of inspection. Meals were shown to people so that they could make a choice. When plates of food were served, staff explained to people what the food was. People were also offered a range of hot and cold drinks throughout. All puddings were also provided in a diabetic version and there was a vegetarian option for the main course.
● All people we spoke with confirmed that they were offered enough to eat and drink throughout the day. A jug of squash and glasses were available in the lounge all day and hot drinks were offered throughout the day.
● People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks.

Adapting service, design, decoration to meet people's needs
● At the last inspection we recommended that the service consider current best practice on creating dementia-friendly outdoor spaces and take action to enable people to access the garden as a safe communal space. At this inspection we found that the provider had made improvements and created a dementia friendly garden for people to use. There was not however any signage to indicate where the exit to the garden was and the door was locked by a keypad lock meaning staff were required to gain entry for people.
● The carpets on some of the stairs and communal hallways was worn away and threadbare and did not create an impression of a well-cared for environment. This issue had already been raised with the provider as part of a monitoring visit by the local authority in January 2019. The provider had not however made any plans to replace the carpet.

● The home was set within two joined up Victorian houses which were split over three floors with two staircases and bedrooms on each floor. There was some signage on/around bedroom doors to indicate where people's rooms were however, there was not enough signage to help orientate people living with dementia to different areas within the home.

We recommend the provider reviews the environment for appropriate signage, safety, and homeliness in relation to the worn carpets.

● People's bedrooms were personalised, and people had items that were important to them.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff responded to people's health care needs. Relatives were very positive about staff and told us referrals were made appropriately. One relative said, [Person] has had the greatest of care. They got [Person] straight to the doctor's [when first came into the home], got all [Person's] medication sorted. [Person] is now getting treatment for diabetes. I believe [Person's] eyesight has been checked.
● Staff knowledge about people was good and professional advice provided was followed.
● Individualised information packs were in place to accompany people should a hospital admission be necessary.

Ensuring consent to care and treatment in line with law and guidance
At our last inspection the provider had failed to act in accordance with the requirements of the MCA and the associated code of practice where a person lacked mental capacity to make an informed decision or give consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Where restrictions had been placed on people's liberty to keep them safe, DoLS authorisation by the local authority had been applied for and granted for some people. The registered manager was unable however to tell us exactly whose DoLS had been granted as their audit records in relation to DoLS was not up to date.

● We looked at 10 peoples do not resuscitate orders (DNR). A DNR order, is a medical order written by a doctor. It instructs health care providers not to do cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating. When checking these orders, we found that nine out of ten orders had not been completed properly. Some DNR's did not have an appropriate mental capacity assessment completed where it was required. Other DNR's were not completed to show where the person concerned, or their family members had been consulted. The registered manager told us they would ask people's doctors to review the orders to ensure they were completed appropriately.

● Staff said that they gained people's consent to receive care. We observed this in practice; we saw a member of staff talking a person through moving from chair to wheelchair and asking if the person would like help to put their feet onto the wheelchair footplates.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
●Observations showed people's privacy and dignity was respected. Staff knocked on doors and waited for a response before entering.
●People were encouraged to be independent and do as much as they could for themselves. One person described how they could be aided to walk or use a wheelchair depending on how they felt, and staff allowed them to make that decision.
● People were supported to maintain relationships with those close to them. Relatives were made to feel welcome and told us how they could visit at any time.
● Important information about people was stored securely and kept confidential.

Ensuring people are well treated and supported; respecting equality and diversity
● People and their relatives told us staff were kind and caring. People said "I like it here very much. I get on very well with people. The [staff] are lovely, but they are busy. They are very cooperative and if you want anything in particular they are very good. They do whatever you want." Relatives comments included "They are fantastic [staff]. Staff here do love [person]. My [other relative] says how lovely they are here."
● Staff told us they enjoyed supporting people and spoke about them with affection. One staff member said, "It's about the person you're caring for. You want to treat people as though it was your mum and dad."
● Observations showed people were treated with kindness and respect. Whilst undertaking tasks if staff were not rushed they showed an interest in what people were doing and there was friendly conversation.
● Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs. A member of staff told us about one person who was visited by a religious minister to meet their spiritual needs.

Supporting people to express their views and be involved in making decisions about their care
● People were encouraged to make decisions about their day to day routines and express their personal preferences.
● Some people and their relatives had not been involved in care planning; the registered manager told us future review meetings would include people and their relatives.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

Requires improvement: This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Person centred activities were not taking place. People who did not undertake the group activities lacked social stimulation. In addition, there was no regular access to the local community despite people being able to be involved. One relative said, "When we first visited they said, 'they often go out', but that hasn't happened unless we have taken [person] out." "I don't think [person] has been out [recreationally]. [Person] would love to go out." A staff member said "'It would be nice if we could take people out more. We need transport and people [staff] to do this."

● Activities were not effectively monitored by the provider for their suitability or for their provision. People described limited activities; such as playing with balloons and watching the TV. There were however outside entertainers who visited the home and some short bursts of activity to stimulate people living with dementia. This was not always effective as staff could be task orientated for example; a person was brought into a lounge in a wheelchair and pushed up to a table, and an illustrated book was place in front of them. The staff member opened the book and left it in front of the person, without engaging them about the book. The person sat just looking at the open book and continued to stare at the book, without engaging with it whatsoever.

We recommend the provider reviews the provision of activities and community engagement for people using the service.

End of life care and support

● Within the care plans there was some information in relation to end of life care. However, there was basic information; it was not fully detailed to be reflective of people's individual preferences for any end of life care and funeral service or wishes.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care plans were person centred and were detailed enough to ensure that staff could provide personalised care that enabled people's routines and preferences. Where appropriate records included preferences relating to protected characteristics, culture, and spiritual needs.

● Staff were knowledgeable about people and their needs. Staff knew how to communicate with people. Staff ensured they used their knowledge about people when giving choices, particularly where people were unable to communicate verbally.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Information was provided to people in a format that supported their needs. We were told that people who had difficulties communicating could be provided with documentation in larger print pictures as required. We also observed staff using familiar hand gestures and phrases.

● Each person had their own communication section within their care plan; this enabled staff to know how to communicate with the person.

Improving care quality in response to complaints or concerns

● People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would act to address any concerns. People told us they'd never had to make a complaint.

● Where the service had received a complaint, this had been investigated and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●The provider's quality assurance systems and processes did not ensure that they were able to prevent shortfalls in the quality of service provision. The provider had undertaken quality audits covering a range of areas these had however failed to identify and rectify shortfalls.
● Infection control and cleaning audits had not identified areas seen to require improvement. Environmental safety requirements had not been adhered to; for fire risk and the storage of dangerous items. Signage to orientate people was not in place. Carpets were threadbare in places and had not been replaced. Staff supervision had not been carried out as required. Records relating to recruitment had not been checked robustly to ensure all necessary checks were undertaken and completed appropriately. Person centred activities were not effectively provided or monitored. People's personal care was not always provided with dignity. DNR records had not been reviewed to ensure they were fit for purpose.
● Where issues or ideas had been raised at resident meetings there was not always a clear action plan or response to issues raised.
● There were no relatives meeting taking place to enable relatives to collectively share their thoughts and ideas and provide feedback to the provider.
● Staff meetings took place but were not regular; this combined with the lack of supervisions meant there was limited opportunities to ensure information was shared and expected standards were clear. One staff member said "We had a team meeting a couple of months ago. They're not as often as they should be."

The provider had failed to ensure their quality assurance systems prevented shortfalls in the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The provider annually sought people's views by asking people and relatives for their views on various aspects of the home. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were positive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people
● The provider had developed a positive staff culture. Staff said they worked well as a team. A staff member said, "'We have a good connection between each other [staff]). People [staff] are happy."
● Staff, people and relatives spoke positively about the registered manager. A relative said, "Yes [accessible and approachable], and the other staff, yes." A staff member said "[Registered Manager] is very good. I can go to [registered manager] 100 percent."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider understood their responsibilities on the duty of candour. Relatives said information was communicated to them.

Continuous learning and improving care; Working in partnership with others
● Records showed that staff had opportunities for regular training they had not however received regular supervision.
● The registered manager attended meetings with the provider's other local managers to improve information sharing and knowledge. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared with staff when staff meetings took place.
● The registered manager had also worked with the district nursing team, falls team and the local pharmacy to improve care and medicines practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Procedures were not being followed to ensure people were protected from the risk of infection and that the premises were safe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure their quality assurance systems prevented shortfalls in the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Procedures were not being followed to ensure the recruitment of staff was safe and suitable.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff were provided with opportunities for effective supervision.